WORK SHEET DO NOT SEND THIS WORK SHEET TO THE INDIANA STATE DEPARTMENT OF HEALTH

All students should be divided into the following categories by grade:	
ENTER IN BOX THE NUMBER OF STUDENTS BY GRADE IN YOUR SCHOOL: (Complete a worksheet for each grade = K, 1 st and 6 th)	A
NUMBER OF STUDENTS FROM BOX "A" ABOVE HAVING COMPLETED IMMUNIZATIONS: See the front page for the minimum complete immunizations. Students listed in this category need no further follow-up.	В.
EXEMPTIONS: NUMBER OF STUDENTS FROM BOX "A" ABOVE WHO HAVE A MEDICAL CONTRAINDICATION ON FILE: A physician's signed statement, verified annually and kept in your school immunization records, is required.	C.
NUMBER OF STUDENTS FROM BOX "A" ABOVE WHO HAVE A RELIGIOUS OBJECTION ON FILE: A statement, signed and verified annually by a parent/guardian stating the objection, must be on file in your school immunization records.	D.
NUMBER OF STUDENTS FROM BOX "A" ABOVE <u>NOT</u> COMPLETE AND HAVING NO EXEMPTION ON FILE:	E

		Total Students that fall into these categories (Not Doses):									
List the names of students not complete and having no exemption on file	REASONS	Record Not on File (F)	Need DTaP/DT/ Td /Tdap (G)	Need Polio (H)	Need Hepatitis B	Need 1 st Measles (J)	Need 2 nd Measles (K)	Need Rubella (L)	Need Mumps (M)	Need Varicella (N)	Notes
1.											
2.]										
3.											
4.											
5.											
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19.						
20.						

If there is a number (other than 0) in Box E, then Boxes F thru N <u>must</u> be completed.

Please copy the number totals in each category by grade onto the accompanying SCHOOL SUMMARY REPORT

<u>Please keep this work sheet for your records and to keep track of students not in compliance</u>.